

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31459

State File No.

FILED OCT 14 1952

BIRTH NO.		REG. DIST. NO. <u>143</u>		PRIMARY REG. DIST. NO. <u>4232</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs</u>		c. LENGTH OF STAY (In this place) <u>9 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs</u>		<u>0460</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>WARD</u> c. (Last) <u>WARD</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 3, 1952</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 25, 1875</u>	
9. AGE (In years last birthday) <u>77</u>		10. UNDER 1 YEAR Months <u>0</u> Days <u>8</u>		10. UNDER 1 HRS. Hours <u>0</u> Mins. <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Great Bend, Kansas</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad Conductor</u>		11. BIRTHPLACE (State or foreign country) <u>Great Bend, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>David R. Ward</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Moorhead</u>		14. NAME OF HUSBAND OR WIFE <u>Harriet Pratt Ward</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Spanish Am.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harriet Ward</u>		ADDRESS <u>Willow Spgs., Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Decompensation, myocardial, acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Decompensation, myocardial, chronic</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>15 years</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		<u>4343</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>November, 1950</u> , to <u>10-3-52</u> , 19____, that I last saw the deceased alive on <u>10-3-52</u> , 19____, and that death occurred at <u>4:45P.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M.B. Perkins</u> M.D.				23b. ADDRESS <u>Willow Springs, Mo.</u>		23c. DATE SIGNED <u>10-4-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-7-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/11/52</u>		REGISTRAR'S SIGNATURE <u>Marshall Ballard</u> 387-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Burns Funeral Home</u>		ADDRESS <u>Willow Spgs., Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

OCT 16 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Fred W. Barnes
Fred W. Barnes

Licensed Embalmer No. 4614

P. O. Address Willow Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.